Entry Blank—Please Type or Print TABLE ☐ Ms./Artist CHOI Mr./Artist (last name last) Permanent Address Daytime Tel. (216) 464-8600 Temporary or Studio Address City Zip If you do not p Reserve, in whi Collaborator (if away or If May Show er Artist will pi ☐ Museum should dispose of. ☐ Museum should ship to artist at artist's expense: Street City State Zip Special Instructions Entry Blank must be completed in full and signed; forms received unsigned will not be accepted. When necessary, include instructions or a drawing for assembling and displaying an object. Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until August 6, 1989. The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein. I have received the unsold/unaccepted object(s) in good condition. hun (lun

1989 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106



Esmond	CHOI	
Name		
921-0	ALLERTON ST.	
Address		
KENT	OH 44240.	
City & State		7in

Notification #1

Do Not Detach

☐ Paintings ☐ Sculpture

☐ Graphics ☐ Photography

Title

CHA GISHIKI

NOT ACCEPTED

Do Not Detach

☐ Paintings ☐ Sculpture ☐ Graphics ☐ Crafts

☐ Photography

Title

NOT ACCEPTED ACCEPTED

IMPORTANT

DELIVERY DATES

SAT. MAY 20

(TUES.-FRI.) MAY 22 - 26